Inventor Information

Inventor One Given Name:

Family Name: Name Suffix:

Postal Address Line One

Postal Address Line Two

City:

State or Province:

Postal or Zip Code:

Citizenship Country:

Inventor Two Given Name:

Family Name:

Name Suffix:

Postal Address Line One

Postal Address Line Two

City:

State or Province:

Postal or Zip Code:

Citizenship Country:

Inventor Three Given Name:

Family Name:

Name Suffix:

Postal Address Line One

Postal Address Line Two

City:

State or Province:

Postal or Zip Code:

Citizenship Country:

Inventor Four Given Name:

Family Name:

Name Suffix:

Postal Address Line One

Postal Address Line Two

Citv:

State or Province:

Postal or Zip Code:

Citizenship Country:

Malcolm Lovell

HANDEL

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NGUYEN

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David G.

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New York

New York

10023

Australia

Murray John

CAIRNS

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Woy Woy

New South Wales

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Australia

Initial 2/4/02 Application No.: To Be Assigned

1

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Correspondence Information

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State or Province:

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Postal or Zip Code:

94304

Telephone: Fax:

650-813-5711 650-494-0792

Electronic Mail:

GMonroy@mofo.com

Application Information

Title Line One:

TREATMENT OF INFLAMMATORY AND

Title Line Two:

MALIGNANT DISEASES

Total Drawing Sheets:

2 Yes

Formal Drawings?:

Utility

Application Type: Docket Number:

27340-20033.00

Representative Information

Representative Customer Number:

25226

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Continuity Information

This application is a: > Application One: Filing Date:

which is a:

>>Application Two:

Filing Date:

which is a:

>>>Application Three:

Filing Date:

Prior Foreign Applications

Foreign Application One:

Filing Date: Country:

Priority Claimed:

Foreign Application Two:

Filing Date: Country:

Priority Claimed:

PCT/AU00/00932

August 4, 2000

PCT Yes

PQ2014

August 4, 1999

Australia

Yes